



HOWARD COUNTY HEALTH DEPARTMENT

61453

WS

DATE 7/6/77

Received From

Fogles well building

PHONE #

443 609-4195

For

Well Permit / 3050 Pacey Rd.

CASH

CHECK

NO.

011860

One hundred sixty

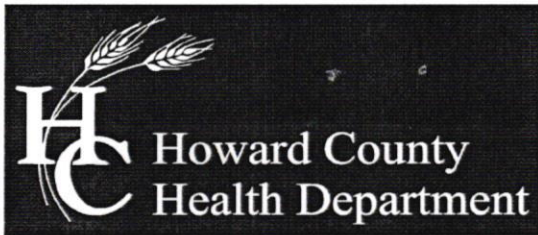
Dollars

\$

160.00

Received By

J. Esp



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Fogle's Well Drilling, LLC
Allen Compton (MSD 009)

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: July 17, 2017

RE: Well permit for 3650 Daisy Road

Prior to the release of a building permit for a garage, a percolation certification plan must be established for the property. This includes percolation testing of the soil to determine a septic disposal area and replacement well sites. Please see *Howard County Code Section 3.805* for the requirements of the percolation certification.

The well permit intended to accommodate well relocation for the future garage will be on hold until a percolation certification plan is approved.

Feel free to contact me at 410-313-6287 or SCollins@howardcountymd.gov with any questions.

09/03/2021 BUILD PERMIT
NOT APPLIED FOR;
EXISTING WELL REMAINS
P000997

Cc: Fogle's Well Drilling
File

B 1	SEQUENCE NO. (MDE USE ONLY) 56830	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER _____ 70 <u>fill in this form completely</u> 79
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OWNER INFORMATION

Date Received (APA) 07 06 17
8 MM DD YY 13

Daniels, Mark + Jenna
15 Last Name Owner First Name 34

3650 Daisy Rd
36 Street or RFD 55

Woodbine md 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Woodbine
52 NEAREST TOWN 71

23 SUBDIVISION 42

SECTION 1 LOT 1
44 46 48 50

DRILLER INFORMATION

Allen Compton M S D 009
76 Driller's Name License No. 81

Fogleswell Drilling, LLC
Firm Name

P.O. Box 202 Woodbine, Md 21797
Address

Allen Compton 6-20-17
Signature Date

B 4 SOURCES OF DRILLING WATER

1. well water

2. _____

3. _____

3650 Daisy Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 43 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0020 BLK: 0012 PARCEL 0073

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. _____

STATE SIGNATURE INSERT S → 41

DATE ISSUED

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

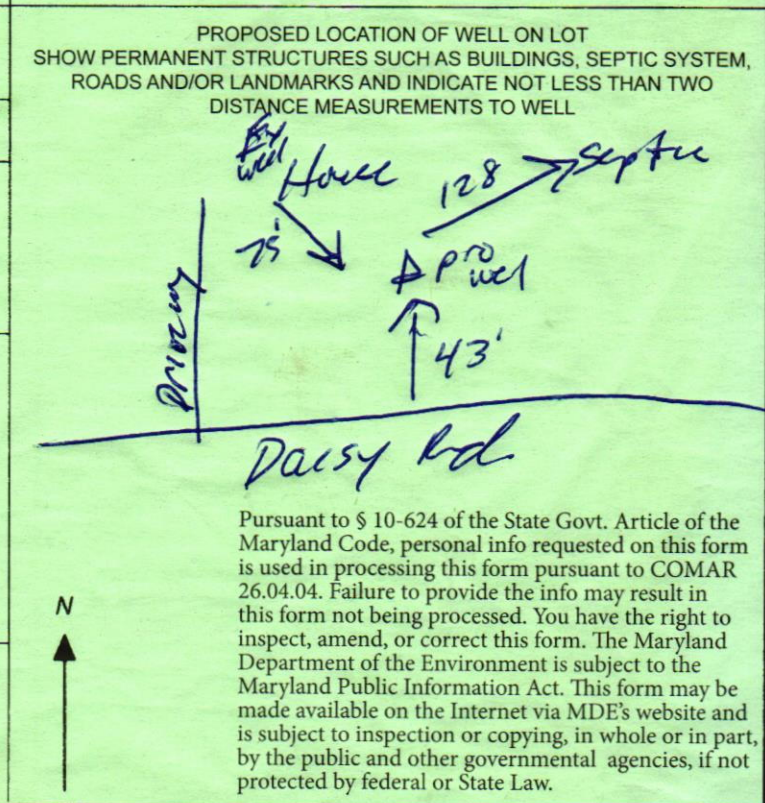
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

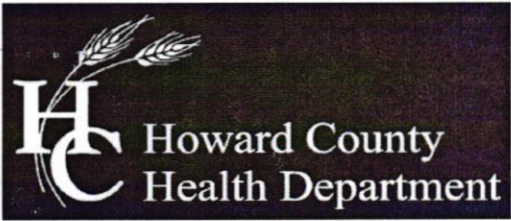
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. _____
70 71 72 73 74 75 76 77 78 79



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

_____ _____ 3650 Daisy Rd.
Subdivision/Property Name Lot # Road Name

The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 6-26-17 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.